

Substitute for form 1449A&B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)			<b>Complete if Known</b>		
			Application Number	10/758,711	
			Filing Date	January 15, 2004	
			First Named Inventor	Kloth, Axel K.	
			Art Unit	2624	
			Examiner Name	John B. Strege	
Sheet	1	of	1	Attorney Docket Number	022150-000100US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	1	4,707,647 A	11-17-1987	Coldren et al.	
	2	5,535,288 A	07-09-1996	Chen et al.	
	3	5,535,291	07-09-1996	Spencer et al.	
	4	5,706,290 A	01-06-1998	Shaw et al.	
	5	5,713,037 A	01-1998	Wilkinson et al.	
	6	6,405,185 B1	06-11-2002	Pechanek et al.	
	7	6,493,467 B1	12-10-2002	Okuda et al.	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No.	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>3</sup>
		Country Code <sup>3</sup>	Number <sup>3</sup>	Kind Code <sup>3</sup> (if known)				
								<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>
	8	PCT Search Report PCT/US04/01035			<input type="checkbox"/>
	9	Office Action Non-Final Rejection 10/558,711 (022150-000100US) Dated 10/23/2007			<input type="checkbox"/>
					<input type="checkbox"/>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.